



Cyclosporiasis

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster

Name: _____

DOH Outbreak # _____

REPORT SOURCE REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Diarrhea** Maximum # stools in 24 hours: ____

☐ ☐ ☐ ☐ **Watery diarrhea**

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ Weight loss with illness

☐ ☐ ☐ ☐ **Bloating or gas**

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): ____

☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Laboratory

Collection date ____/____/____

Source _____

P N I O NT

☐ ☐ ☐ ☐ ☐ **Cyclospora PCR (stool, duodenal aspirate, small bowel biopsy specimen)**

☐ ☐ ☐ ☐ ☐ **Cyclospora oocysts (stool, intestinal fluid, small-bowel biopsy specimen)**

☐ ☐ ☐ ☐ ☐ **Cyclospora sporulation**

☐ ☐ ☐ ☐ ☐ Food specimen culture

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

NOTES

INFECTION TIMELINE

Enter onset date (first sx)
in heavy box. Count
backward to determine
probable exposure period

Exposure period
Days from onset: -14 -1

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Destinations: _____

Date left: _____

Date returned: _____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ ☐ ☐ ☐ Raw fruits or vegetables

☐ ☐ ☐ ☐ Berries Type: _____

☐ ☐ ☐ ☐ Fresh herbs Type: _____

☐ ☐ ☐ ☐ Lettuce or salad greens

☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/location: _____

Y N DK NA

☐ ☐ ☐ ☐ Source of drinking water known

☐ Individual well ☐ Shared well

☐ Public water system ☐ Bottled water

☐ Other: _____

☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g.
surface, well)

☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers,
pools, wading pools, fountains)

How was this person likely exposed to the disease:

☐ Food ☐ Drinking Water ☐ Recreational water ☐ Person

☐ Animal ☐ Environment ☐ Unknown

Where did exposure probably occur?

☐ U.S. but not WA (State: _____)

☐ In WA (County: _____)

☐ Not in U.S. (Country/Region: _____)

☐ Unknown

**Exposure details (e.g., exposure date, specific site, purchase
or use-by date, product name/description):**

☐ **No risk factors or exposures could be identified**

☐ **Patient could not be interviewed**

PUBLIC HEALTH ISSUES**PUBLIC HEALTH ACTIONS**

☐ Initiate traceback investigation

☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____